Updates on our Response to COVID-19

As we navigate through the unique and evolving challenges of the COVID-19 situation, we want to ensure that you are up-to-date and remain informed. Please take a moment to read the Frequently Asked Questions (FAQ’s) below.

Are there any medical-related Benefit Cost Share updates?

- Yes. The following updates will be in effect through December 31, and we will reevaluate each month accordingly.
- All cost-shares and co-pays associated with COVID-19 diagnostic testing will be waived regardless if the doctor is IN or OUT of network.
- Telemedicine will be paid at 100% for all plans.
- Prior to March 11, fully insured plans and MA were the only plans that were required to cover COVID-19 diagnostic testing at 100% and self-funded or ERISA groups had to opt-in. After that date, there was a federal regulation directing ERISA plans to do this as well, and this was validated by the DOL. We chose to include Hybrid plans in the fully insured group that has the COVID-19 co-pay and cost share waivers in place.

Are there any Pharmacy updates?

- The “Refill Too Soon” and DUR edits (DUPRX and DUPTHERAPY - overrides soft and hard edits under DUR) for all groups will continue to be lifted until the Federal and/or state declaration of emergency is in place.
- As always, we continue to monitor the COVID-19 situation and work to ensure we are supporting our clients and members during this time.

Will you allow employers to continue covering furloughed employees—i.e. relax your ‘actively at work’ requirements—for a period of time?

- We will allow coverage to remain intact for any employees that premiums are paid in full and terminations have not been communicated to MHHP. Any extenuating circumstances or business case for true exceptions must be submitted to our Leadership team for approval.
Will you allow employers to waive the standard new hire waiting period for employees who were furloughed or laid off because of COVID-19 when they return to work on a full time basis?

- Our coverage policy documents currently note that waiting periods are waived if employees return to active status within 6 months.

Will you commit to not adjusting rates mid-plan year if a group’s enrollment decreases by more than 10%?

- Our leadership team has agreed not to adjust any mid-plan year rates at this time. The rates that employers with active coverage have in place today will continue until the completion of their plan coverage year, assuming there is not a voluntary termination.

Will Memorial Hermann Health Plan cover the cost of COVID-19 testing for members?

- Memorial Hermann Health Plan will cover diagnostic and serological (antibody) tests that are ordered by a physician or authorized health care professional and are medically necessary and is waiving member cost-sharing for diagnostic and serologic testing related to COVID-19. This member cost-sharing waiver applies to all Commercial and Medicare lines of business. The policy also aligns with new Families First legislation and regulations requiring all health plans to provide coverage of COVID-19 testing without cost share. The requirement also applies to self-insured plans. Per guidance from the Centers for Medicare & Medicaid Services (CMS), the Department of Labor and the Department of the Treasury, all Commercial and Medicare plans must cover certain serological (antibody) testing with no cost-sharing.

Will Memorial Hermann Health Plan cover COVID-19 diagnostic and antibody tests under any circumstance?

- Memorial Hermann Health Plan will cover, without cost share, diagnostic (molecular PCR or antigen) tests to determine the need for member treatment. This does not apply to direct-to-consumer/home-based diagnostic or antigen tests. Memorial Hermann Health Plan’s coverages generally do not cover a test performed at the direction of a member’s employer in order to obtain or maintain employment or to perform the member’s normal work functions or for return to school or recreational activities, except as required by applicable law. Additionally, Memorial Hermann Health Plan’s coverage plans do not cover serological (antibody) tests that are for purposes of: return to work or school or for general health surveillance or self-surveillance or self-diagnosis, except as required by applicable law. Refer to the CDC website for the most recent guidance on antibody testing.
- This policy for diagnostic and serologic (antibody) testing applies to Commercial and Medicare plans.
Is a physician’s order required for coverage of a COVID-19 test?

- An order from an authorized health care professional is required for covered COVID-19 tests for Memorial Hermann Health Plan Commercial and Medicare plans.

Can a pharmacist order a COVID-19 test?

- In an effort to expand testing capabilities, the U.S. Department of Health & Human Services authorized pharmacists to order and administer COVID-19 tests, including serology tests that the Food and Drug Administration (FDA) has authorized. Pharmacists, in partnership with other health care providers, are well positioned to aid COVID-19 testing expansion.

Will Memorial Hermann Health Plan cover other respiratory virus and bacteria testing if those services are ordered during an evaluation for COVID-19 testing?

- Routine testing for influenza, strep, and other respiratory infections without a COVID-19 test will be covered subject to applicable cost sharing under the member’s plan.

Does Memorial Hermann Health Plan require that the laboratory test have FDA authorization for payment?

- For Medicare and Commercial plans, Memorial Hermann Health Plan will only cover COVID-19 laboratory tests that have been authorized and approved by the FDA.

We will continue to provide you with updated information and add new FAQs as they arise. Should you have any questions, please submit to MHHPAccountMgmt@memorialhermann.org

Thank you,

Memorial Hermann Health Plan